

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 10/22/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 10/26/2006						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	340	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		167	278	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM	6	989	1124	135
		8505	250	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404904	WESTERN HIGHLAN DS LME	8534	104	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8536	48	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	220	3025	2805
		79	29	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404910	PATHWAYS	11	214	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	39	435	2693	2237
		8933	33	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404912	CATAWBA COUNTYM ENTAL HEALT	3411	12	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8935	3	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	16	1920	1904
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404913	MECKLENBURG COM ENTAL HEALT	21	26908	DUPLICATE OF CLAIM-SYSTEM				
		8599	9947	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	682	43313	70748	27435
		79	1731	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404916	CROSSROADS BEHA VIOBAL HEAL	8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	121	2448	2327
		79	12	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM AN SERVICES	11	541	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	616	944	328
		120	8	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN TAL HEALTHC	3411	10	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	22	1039	1017
		21	2	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL L AREA MH D	8599	1813	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3412	566	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	128	3881	10990	7109
		79	288	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	21	965	DUPLICATE OF CLAIM-SYSTEM				
		11	661	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1858	4020	2162
		8599	214	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	5404	1363	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		21	823	DUPLICATE OF CLAIM-SYSTEM	0	2538	4524	1986
		8537	124	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404923	FIVE COUNTY MH	8536	241	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	762	2889	2127
		21	90	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	450	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	260	CLIENT NOT ELIGIBLE ON SERVICE DATE	53	1027	12509	11482
		120	173	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	21	3449	DUPLICATE OF CLAIM-SYSTEM				
		8599	3211	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	330	10182	15496	5314
		23	661	SERVICE REQUIRES PRIOR APPROVA L				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M HC	21	129	DUPLICATE OF CLAIM-SYSTEM				
		8952	38	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	0	253	2036	1783
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	310	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	310	310	0
3404931	WAKE CO HUM SVC BILLING OF	8599	348	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	107	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	111	1009	14647	13638
		120	102	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	59	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	89	1536	1447
		8952	9	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404934	ONSLow CARTERET BEHAV HEAL	8534	53	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8535	50	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	0	228	713	485
		8599	33	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	6	739	733
		5404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MD				
3404937	EDGEcombe NASH MNTL HLTH C	21	25	DUPLICATE OF CLAIM-SYSTEM				
		8534	12	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	41	268	227
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MD				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE ALTH CENTER	8534	29	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		21	18	DUPLICATE OF CLAIM-SYSTEM	0	48	445	397
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404941	FITT CO MH/DD/S AS CENTER	21	1016	DUPLICATE OF CLAIM-SYSTEM				
		8599	966	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	67	3626	6343	2717
		8537	500	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	1	SERVICE REQUIRES PRIOR APPROVA L	0	9	38	11
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	8536	271	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	290	658	368
		4807	4	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS SERVICE				
3404944	EASTPOINTE HUMA N SERVICES	21	431	DUPLICATE OF CLAIM-SYSTEM				
		5404	373	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	16	1100	4010	2910
		8599	157	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	813	DUPLICATE OF CLAIM-SYSTEM				
		5404	224	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	48	1919	8842	6923
		3411	219	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404957	TIDELAND MENTAL HEALTH CTR	11	8	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	12	1429	1417
		5404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404979	NEW RIVER AREAM H/DD/SA PRO	120	15	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		5404	8	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	44	2570	2526
		21	6	DUPLICATE OF CLAIM-SYSTEM				